



Gallatin City-County Health Department

Human Services

12 N. 3rd Ave
Bozeman, MT 59715
406-582-3100 • FAX 406-582-3112
www.co.gallatin.mt.us/health/index.htm

Environmental Health Services

311 West Main, Room 108
Bozeman, MT 59715
406-582-3120 • FAX 406-582-3128

RETAIL FOOD SERVICE COMMISSARY FORM

Pursuant to Administrative Rules of Montana (ARM) 37.110.203, (26) A Food establishment means an operation defined in 50-50-102 (8), MCA, and includes an operation that stores, prepares, packages, serves, vends, or otherwise provides food for human consumption in a mobile, stationary, temporary, semi-permanent or permanent facility or location; where consumption is on or off the premises and regardless of whether there is a charge for the food.

Establishment Name _____ License Number _____

Located at _____

Will be the commissary for _____

Those areas and/or equipment used at the commissary include the following items

Check all items that apply

- ☐ Equipment, utensil ware washing
- ☐ Food preparation
- ☐ Assembling, packaging and labeling
- ☐ Repacking only (Re-packaging non-perishables)
- ☐ Equipment storage
- ☐ Food storage
- ☐ Cold storage
- ☐ Dry storage
- ☐ Other

The undersigned parties agree to comply with the terms and conditions as checked above. If at any time the agreement between the commissary and the food provider is terminated, the Gallatin City County Health Department must be contacted and the operations of the food provider will cease and desist until another commissary is approved for use by the GCCHD.

Signature of Commissary Owner

Date